



Janee V. Henderson, LPC  
2300 Main Street, Ste 900  
Kansas City, MO 64108  
832-429-8512  
[www.janeevhenderson.com](http://www.janeevhenderson.com)

## ADULT INTAKE QUESTIONNAIRE

Name:

Today's Date:

Age:

Date of Birth:

Address:

Home phone:

Ok to leave message? Yes No

Work phone:

Ok to leave message? Yes No

Cell phone:

Ok to leave message? Yes No

Email:

Referred by:

May we acknowledge the referral?

Reason you are seeking services:

**Present psychological difficulties – please check any that apply to you at this time.**

Generalized Anxiety (across many situations)

\_\_\_\_\_ Specific fears/phobias (list):

\_\_\_\_\_ Panic attacks

\_\_\_\_\_ Social Anxiety

\_\_\_\_\_ Obsessive thinking or compulsive behaviors

\_\_\_\_\_ Body-focused repetitive behaviors (skin picking, hair pulling, nail biting, etc.)

\_\_\_\_\_ Sadness or Depression

Emotionally overwhelmed

\_\_\_\_\_ Frequent crying

\_\_\_\_\_ Loss of energy



Janee V. Henderson, LPC  
2300 Main Street, Ste 900  
Kansas City, MO 64108  
832-429-8512  
[www.janeevhenderson.com](http://www.janeevhenderson.com)

\_\_\_\_\_ Loss of pleasure in life

Self-injurious / Self-harm behavior

\_\_\_\_\_ Thoughts of suicide

\_\_\_\_\_ Problems with eating

Problems falling asleep

Problems sleeping through the night (middle of the night, waking, or early morning waking)

Trouble waking up

Fatigue/tiredness during the day

Nightmares

\_\_\_\_\_ Problems with attention or concentration

\_\_\_\_\_ Racing thoughts

Problems making or keeping friends

\_\_\_\_\_ Problems controlling temper

\_\_\_\_\_ Relationship/Marriage problems

\_\_\_\_\_ Problems with intimacy

\_\_\_\_\_ Problems with job

History of abuse (emotional, physical, sexual)

Alcohol/drug use/abuse

\_\_\_\_\_ Financial problems

\_\_\_\_\_ Legal situation

Other:

Describe any previous mental health services you have received (evaluations and therapy). Include the provider, any diagnoses, and length of treatment.

---



Janee V. Henderson, LPC  
2300 Main Street, Ste 900  
Kansas City, MO 64108  
832-429-8512  
[www.janeevhenderson.com](http://www.janeevhenderson.com)

---

---

---

---

**FAMILY INFORMATION:**

Marital Status (circle one):

Single   Living with Partner   Married   Separated   Divorced   Widowed

Rate quality of present relationship/marriage (if applicable):

\_\_\_ very good   \_\_\_ good   \_\_\_ fair   \_\_\_ poor   \_\_\_ very poor

Your occupation:

Occupation of Spouse/Partner:

Children and ages:

If divorced, what are the custody arrangements?

---

---

---

Who currently resides in your home?

---

---

---

**GENERAL HEALTH:**

Your current health: \_\_\_\_\_ excellent \_\_\_\_\_ good \_\_\_\_\_ fair \_\_\_\_\_ poor

Primary Physician's name/address/phone number:

When was your last physical exam? Any relevant findings?

Are there any other physicians you see on a regular basis?



Janee V. Henderson, LPC  
2300 Main Street, Ste 900  
Kansas City, MO 64108  
832-429-8512  
[www.janeevhenderson.com](http://www.janeevhenderson.com)

Describe any medical conditions that you have been diagnosed as having and any medical procedures you have had (surgeries, etc.).

---

---

---

List any medications (and the dosages) you take regularly. Include your prescriptions, over the counter medicines, vitamins, and supplements.

---

---

Any problems with sleep? Describe.

Any problems with eating? Describe.

Please rate the overall level of stress in your life:

\_\_\_\_ Very Low    \_\_\_\_ Low    \_\_\_\_ Average    \_\_\_\_ High    \_\_\_\_ Very High

What do you consider to be the greatest source of stress at this time?

---

---

---

---

Rate your overall level of happiness on a scale of 1-5 (1 = UNHAPPY, 5 = HAPPY). \_\_\_\_\_

Are you a past or present smoker? \_\_\_\_\_

Length of time, number of cigarettes and frequency:

Do you use alcohol? \_\_\_\_\_

Number of drinks and frequency:

Do you drink caffeinated beverages? \_\_\_\_\_

Number of drinks and frequency:

#### **FAMILY HISTORY:**

Has anyone in the birth family had any of the following psychological disorders? Check all that apply



Janee V. Henderson, LPC  
2300 Main Street, Ste 900  
Kansas City, MO 64108  
832-429-8512  
[www.janeevhenderson.com](http://www.janeevhenderson.com)

and list who (self, mother, father, sibling, child):

Mental Retardation

\_\_\_\_\_

Speech or Communication  
Disorder \_\_\_\_\_

Attention-Deficit / Hyperactivity /  
Impulsivity \_\_\_\_\_

Learning Problems /  
Disabilities \_\_\_\_\_

Autism Spectrum / Asperger's  
Disorder \_\_\_\_\_

Sleep  
disorders \_\_\_\_\_

Generalized Anxiety (across many  
situations) \_\_\_\_\_

Social Anxiety

Obsessive-Compulsive  
Disorder \_\_\_\_\_

Phobias \_\_\_\_\_

—

Depression \_\_\_\_\_

—

Manic-Depression / Bipolar  
Disorder \_\_\_\_\_

Suicide attempts /  
Suicide \_\_\_\_\_

Schizophrenia or other  
psychosis \_\_\_\_\_

Alcohol / Substance



Janee V. Henderson, LPC  
2300 Main Street, Ste 900  
Kansas City, MO 64108  
832-429-8512  
[www.janeevhenderson.com](http://www.janeevhenderson.com)

Abuse \_\_\_\_\_

Seizures or other neurological  
disorder \_\_\_\_\_

Genetic Disorder (e.g., Down Syndrome, Fragile  
X) \_\_\_\_\_

Other: \_\_\_\_\_

—

Is there a history in the immediate or extended family of any medical difficulties, illnesses or  
surgeries?

Please  
list: \_\_\_\_\_

#### **EDUCATIONAL HISTORY:**

Your highest level of education completed:

Any problems with attention, learning, or behavior in school?

Grades repeated and reason:

Served in Special Education?

Additional Comments:

#### **LEGAL HISTORY**

Have you ever filed or been involved in any litigation? Please explain

\_\_\_\_\_

—

\_\_\_\_\_

—

\_\_\_\_\_

—



Janee V. Henderson, LPC  
2300 Main Street, Ste 900  
Kansas City, MO 64108  
832-429-8512  
[www.janeevhenderson.com](http://www.janeevhenderson.com)

What do you consider to be some of your strengths?

---

---

---

---

What do you consider to be some of your weaknesses or areas of limitations?

---

---

---

---

What would you like to accomplish out of your time in therapy?

---

---

---

---

---



Janee V. Henderson, LPC  
2300 Main Street, Ste 900  
Kansas City, MO 64108  
832-429-8512  
[www.janeevhenderson.com](http://www.janeevhenderson.com)

## **NEW CLIENT INFORMATION AND RESPONSIBILITY FOR PAYMENT**

### **LIMITATIONS ON CONFIDENTIALITY:**

Information about the diagnosis, evaluation, or treatment of a client with Medicaid coverage and most private health insurance plans is usually confidential information that this office may disclose only to the authorized people. Only the client may give written permission for release of any pertinent information before information can be released to another person or agency. Confidentiality will be maintained in all other respects.

The following are exceptions to confidentiality that every client needs to understand in advance:

- If a counselor learns of child or elder abuse that is currently taking place or has the possibility of recurring, he or she is legally required to report that abuse to the appropriate authorities.
- If a psychotherapy/counseling client discloses an intention to do something that is likely to harm him/herself or others, the counselor is required to report that intention.
- If a court order, other legal proceedings, or statute requires disclosure.
- If you are a supervisee and it is discovered that you have violated a client's rights and/or violated ethical standards of practice.

### **OFFICE HOURS**

When the office staff are not available, please call and leave a message. The first priority and our primary concern is your well-being. In an emergency, please go to the nearest hospital emergency room (ER) for help with your problem, and contact us by saying "This is an emergency!".

### **SCHEDULING APPOINTMENTS**

An appointment can be scheduled by either your therapist directly or online at [www.janeevhenderson.com](http://www.janeevhenderson.com).

### **APPOINTMENT LENGTH:**





Janee V. Henderson, LPC  
2300 Main Street, Ste 900  
Kansas City, MO 64108  
832-429-8512  
[www.janeevhenderson.com](http://www.janeevhenderson.com)

Individual, couples, and family therapy are billed on the basis of a 50 minute hour. If an appointment runs longer, you will be charged for the additional time. The charge will be determined and prorated on

the basis of each additional 15 minutes of time. The first session involves assessment and usually lasts for one to one and one-half hours. Therapist will discuss with you any further assessment or testing that they feel is appropriate and necessary. The fees for these services will also be discussed at this time.

#### MISSED APPOINTMENTS:

A missed appointment occupies a significant portion of our professional time and may reflect an issue that we ought to discuss. As importantly, a missed appointment keeps us from someone else in need.

**Therefore, except in the case of an acute emergency, we require a 24 hour notice of any cancellation; otherwise, your account will be charged \$95 for the visit.** In addition, because we are unable to bill insurance for missed appointments, you will be held financially responsible for these charges. If our office is closed, leave a message on your therapist's voice mail to inform us of your cancellation so the time may be used appropriately.

#### FEES:

Payment for professional services are due and payable at the time they are rendered. All clients are expected to take care of their fees as services are rendered. Any other arrangement is considered a special arrangement and must be discussed in advance with your therapist. Delinquent accounts may be referred to a collection agency. We accept cash, Visa, and Mastercard.

For some therapists, collection of insurance benefits or any other arrangement regarding third party payment is the responsibility of the client (parent or guardian, if the client is a dependent child). An insurance receipt is available for your convenience in submitting your insurance claim. Additional



Janee V. Henderson, LPC  
2300 Main Street, Ste 900  
Kansas City, MO 64108  
832-429-8512  
[www.janeevhenderson.com](http://www.janeevhenderson.com)

copies

can be made for you on request.

#### ASSESSMENT AND/OR TESTING:

Testing is billed on the basis of the type of test and the amount of time necessary to administer, score, analyze, interpret, and to report the results in written form. You will be provided with information about

the type of test and the cost prior to testing. If during the evaluation process it is discovered that additional testing is required to make a final diagnosis, you will be informed before any additional procedures are initiated. The written report, if requested, is generated after payment in full for testing

services is received.

#### REPORTS:

Reports not included in assessment and/or testing fees will be billed as a separate procedure. Requests

for such reports and the fees will be discussed with you in advance.

#### COURT:

In the case that the therapist is sent a subpoena on your behalf or you would like for therapist to come to court. Court fees are as follows: \$300 for 3 hours, which is to be paid prior to the court date. If the court duration is longer than 3 hours, then an invoice will be sent for the additional hours at the rate of \$100/hour.



Janee V. Henderson, LPC  
2300 Main Street, Ste 900  
Kansas City, MO 64108  
832-429-8512  
[www.janeevhenderson.com](http://www.janeevhenderson.com)

**CONSENT FOR COUNSELING:**

I, \_\_\_\_\_ the undersigned do hereby voluntarily agree to group, individual, family counseling services to be provided by a licensed professional counselor in good standing with the Texas State Board of Professional Counselors and the Missouri State Board of Professional Counselors. I am aware that the practice of counseling is not an exact science. As a consequence, I acknowledge that no guarantee has been made to me concerning the result of any evaluation or treatment that may be rendered. Further, I understand that evaluation and treatment may involve discussion of personal events in my own history that, at times, can be discomforting.

\_\_\_\_\_  
Client/Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date



Janee V. Henderson, LPC  
2300 Main Street, Ste 900  
Kansas City, MO 64108  
832-429-8512  
[www.janeevhenderson.com](http://www.janeevhenderson.com)

### PAYMENT INFORMATION

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration date \_\_\_\_\_

CVV \_\_\_\_\_

Billing Zip code \_\_\_\_\_

I, the undersigned, certify that I or my dependent will be making payment in cash/credit card payable to Janee V. Henderson, M.Ed, LPC, CART in the amount of \_\_\_\_\_ dollars per session. Payment is due at the time services are rendered. **There will be a \$95.00 cancellation fee charged to the card on file for any session cancelled without 24hrs advance notice.** I understand that I am financially responsible for all charges. If paying by insurance I hereby authorize, Janee V. Henderson, M.Ed, LPC, CART to release all information necessary to secure the payment of benefits. I furthermore authorize the use of this signature on all insurance submissions.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_